CHAPTER 6

ENROLLMENTS

Enrolling: If an individual is assessed to have needs that can be met through the provision of waiver services, has chosen to receive services through the waiver, has Medicaid, has met ICF/IID Level of Care and has been allocated a waiver slot, then he/she can be enrolled in the ID/RD Waiver.

Enrollment occurs when the individual's status on the SC Department of Health and Human Services' (SCDHHS) Medicaid Management Information System (MMIS) is updated to reflect ID/RD Waiver enrollment. The effective date of the enrollment will be:

- 1. the day the individual is discharged from an ICF/IID (as shown on the HHSFC Form 181); **OR**
- 2. the date on which Medicaid eligibility is established for a "new" enrollee; **OR**
- 3. the day after an individual is disenrolled from another Home and Community Based Waiver (e.g., CLTC's Community Choices Waiver, DDSN's Community Supports Waiver, etc.) as noted on the Memorandum of Confirmation of Transition (ID/RD Form 18); **OR**
- 4. the day after Community Long Term Care stops authorizing Children's PCA services/State Plan Nursing (note: this date must be negotiated with CLTC staff using the Memorandum of Confirmation of Transition (ID/RD Form 18); **OR**
- 5. the day the individual is discharged from a hospital (if entering the waiver immediately following a hospital admission); whichever is latest.

No waiver services can be authorized prior to the effective date of enrollment.

For enrollment to occur, the Waiver Enrollment Coordinator must have the following documents:

- Notice of Slot Allotment (ID/RD Form 5) completed by the Waiver Enrollment Coordinator
- SCDHHS Form 118A completed by Waiver Enrollment Coordinator & SCDHHS Eligibility Worker
- Level of Care Determination for ICF/IID unless the individual is currently enrolled in the Community Supports Waiver. See Chapter 5, ICF/IID Level of Care for additional information.
- SCDHHS Form 181, if the individual is being discharged from an ICF/IID completed by the Regional Center Claims and Collections Office

Before ID/RD Waiver services can be authorized, the potential participant must be eligible for Medicaid. The SCDHHS Eligibility Division makes the determination of Medicaid eligibility.

SCDHHS has, in each region of the State, designated a Medicaid Eligibility Worker who works specifically with people who receive services through DDSN's ICF's/IID, ID/RD Waiver, Community Supports Waiver and HASCI Waiver. Their offices are located at our four regional centers: Midlands Center (Richland County), Pee Dee Center (Florence County), Coastal Center (Dorchester County) and Whitten Center (Laurens County). These workers are available to help the potential participant through the Medicaid eligibility process and to determine

the best possible eligibility category. Regional SCDHHS Medicaid Eligibility Workers' contact information is included in this chapter (see Attachment 2). They are responsible for all counties in their designated regions.

Waiver Enrollment Timeline

Six months prior to reaching the top of the ID/RD Waiver wait list, individuals who have not been through the DDSN eligibility process are contacted. DDSN eligibility is not a requirement of waiver enrollment; however, the individual must meet ICF/IID level of care. The individual must go through the DDSN eligibility process or provide records to make an ICF/IID level of care determination for waiver enrollment.

Three months prior to reaching the top of the waiting list, DDSN will contact the individual in preparation for the upcoming waiver enrollment. At that time, the individual's Medicaid eligibility status will be determined the type of contact initiated.

a. Individuals with active Medicaid:

- i. If the individual does not currently have Case Management, DDSN will contact the individual to offer choice of Medicaid Targeted Case Management providers. During this contact, DDSN will start preparing the individual and family by informing the following:
 - 1. Overview of process;
 - 2. Enrollment timelines;
 - 3. Upon waiver slot award, they may receive information requests from Medicaid for a financial lookback as part of the process; and
 - 4. Waiver enrollment should not be delayed while the individual lines up services, with emphasis on the challenges of respite services and the need to address this early in the process.
- ii. If the individual already has a Medicaid Targeted Case Management, the Waiver Case Manager is notified via SComm (Therap) of the impending waiver award slot in three months. The Waiver Case Manager prepares the individual and family similar to "i" immediately above.

b. Individuals without active Medicaid:

The individual is approved for State Funded Case Management (SFCM), which is paid at fee-for-service rate based on activity. The Waiver Case Management provider of choice on record at DDSN is notified. If the individual does not have a Waiver Case Management provider on record at DDSN, DDSN contacts the individual/family and will offer choice of Case Management providers. The selected Waiver Case Management provider is notified by DDSN of impending waiver slot award. The Waiver Case Manager conducts the following:

- i. Waiver Case Manager establishes contact and assists the individual/family in completing a paper Medicaid Application. The Waiver Case Manager will also request the individual/family's voluntary consent for the SCDHHS Medicaid worker contact the Waiver Case Manager in the Medicaid application process (form 1282);
- ii. The completed application is faxed to the SCDHHS "Out-Station" Medicaid worker dedicated to DDSN individuals located at each Regional Center;

- iii. The SCDHHS "Out-Station" worker processes the application with full awareness of the need to assess for "Category 15" (Individuals Receiving Home and Community Based Waiver Services) since these individuals will potentially enter waiver services;
- iv. The Waiver Case Manager continues to work the case and assist until a Medicaid determination is made.

Upon availability of new waiver slots, DDSN awards slots at the top of the waiting list to individuals that are Medicaid eligible. If the individual has been unable to obtain Medicaid eligibility over the prior three months assisted by a Waiver Case Manager, the individual is placed on a separate processing list until they are able to obtain Medicaid. Once Medicaid is obtained, the next available slot is awarded.

When the individual has been awarded an ID/RD Waiver slot, the Waiver Enrollment Coordinator will complete the Notice of Slot Allotment (ID/RD Form 5) and forward a copy of it to Waiver Case Manager/Early Interventionist. The Notice of Slot Allotment (ID/RD Form 5) indicates whether or not the SCDHHS Form 118A, financial lookback from Medicaid, is required. The SCDHHS Form 118A is utilized to determine Medicaid eligibility for waiver enrollment. 21 days after the waiver slot has been awarded, the Waiver Enrollment Coordinator will notify the SCDHHS Eligibility Worker that the waiver slot has been awarded via SCDHHS Form 118A.

- a. If SCDHHS returns the SCDHHS Form 118A to DDSN with no certification of Medicaid, then the slot will be revoked and a letter sent to the individual allowing one year to obtain Medicaid, at which time they should notify DDSN and the slot will be returned.
- b. If the SCDHHS Out-Station worker is unable to gain the cooperation of the individual to complete the SCDHHS Form 118A process, SCDHHS makes a "non-cooperation determination." Based on this outcome, the Waiver Case Manager will follow DDSN's non-signature/non-cooperation policy after discussing with the individual, if possible.
- c. When SCDHHS returns the SCDHHS Form 118A certification of Medicaid approval to DDSN, DDSN records the SCDHHS Form 118A return date in the Tracking Database and uploads a copy to the individual's Oversight Document Storage in Therap (File Name: 118AFormReturnedMMDDYYYY). Only after confirming the SCDHHS Form 118A approval will the Waiver Case Manager be permitted to submit the level of care to DDSN. This prevents a premature level of care determination going stale after 30 days requiring resubmission.
- d. If an individual does not require an SCDHHS Form 118A form, DDSN uploads a standard form notifying the Waiver Case Manager in the individual's Oversight Document Storage in Therap with a standard naming convention. This permits the Waiver Case Manager to submit the level of care to DDSN.
- e. <u>Optional</u>, but not required, step to speed up enrollment timeframe: If the Waiver Case Manager gets the Freedom of Choice form prior to the 21 day mark, they can send it to the Waiver Enrollment Staff at DDSN in order to shorten the 21 day wait.

Initial contact with the individual, his/her representative, or responsible party (individual) must occur **within ten** (10) **business days** of receipt of the Waiver slot award.

- A. Upon receipt of waiver slot award from DDSN, the Waiver Case Manager conducts an initial home visit within 30 days. The Waiver Case Manager obtains/presents the following information and begins gathering information for the Annual Assessment and Support Plan:
 - a. Waiver Case Manager will:
 - i. Explain all forms below (b-g) and not just the forms requiring a signature;
 - ii. Explain the waiver award/enrollment timeline expectations;

- iii. Emphasize the need to decide on declining services at the earliest date in order to allow others on the waiting list access to services;
- iv. Explain potential conflicts with Medicaid Managed Care Organizations or other waiver programs; and
- v. Explain the 6 month completion expectation and that 30-day extensions will not be granted for being unable to find a waiver service or provider. Reasonable guidance and assistance in lining up services before enrollment can be expected from WCMs, but such activity cannot be a reason to delay submission of required documentation for enrollment. Unreasonable delays is unfair to individuals on the waiting list in need of opportunity to receive waiver services.
- b. Freedom of Choice form Required signature;
- c. Acknowledgment of Rights and Responsibilities Form Required signature;
- d. Form 1282 (Medicaid consent form for WCM to communicate with Medicaid) individual/family consent voluntary;
- e. Waiver Information Sheet Present and discuss with individual/family;
- f. Waiver Enrollment Timeline Present and discuss with individual/family; and
- g. Statement of Consumer Declining Waiver Services if declining.
- B. If the individual signs the Freedom of Choice (FOC) form and wishes to pursue waiver enrollment, the Waiver Case Manager monitors the individual's Document Storage File in Therap to verify the completion of the Medicaid SCDHHS Form 118A. When verified, the Waiver Case Manager completes the initial ICF/IID Level of Care (LOC) within 30 days. Exceptions to this are:
 - a. If the individual is already enrolled in the CS Waiver and moving to the IDRD Waiver (or vice versa), a new initial LOC is not needed. The Waiver Case Manager can recertify the LOC under the new waiver for enrollment.
 - b. In rare cases, the individual is not yet eligible for DDSN Services, which requires the Waiver Case Manager to wait until completion of the DDSN eligibility process to ensure records and tests are available for the level of care determination.
- C. Upon completion of the LOC, FOC, and 118A process, the individual is enrolled in the waiver.
 - a. Enrollment occurs regardless of whether services are ready for implementation;
 - b. Individual has 30 days to get a service before being terminated from the waiver; and
 - c. If terminated from the waiver due to not being able to locate a service provider, the individual holds their waiver slot for 90 days for additional time to obtain services. In short, the individual has 150 days from enrollment to get services in place or lose their waiver enrollment slot.
- D. If the Waiver Case Manager loses adequate contact with the individual to progress completing the waiver enrollment process, the Waiver Case Manager is required to follow the Non-Signature Declination Policy in the Waiver Manual.
- E. If the individual is not enrolled in the waiver after five months, the individual/family and Waiver Case Manager is notified by DDSN that the enrollment six month deadline is approaching and the Waiver Case Manager needs to request additional time if needed. If a Waiver Case Manager fails to submit a request to extend the enrollment period, then a formal letter is sent to the family (CC: Waiver Case Manager), which informs they have 30 additional days to be enrolled or request an extension or their slot will be revoked.

If additional time beyond six months is needed and justifiable, a 30 day extension form is submitted and requires the Waiver Case Manager's Executive Director's (ED) signature. This form should be

submitted to DDSN no later than 10 days prior to the 6 month deadline. That request provides an additional 30 days and a new request has to be submitted every 30 days with the ED's signature in order to maintain the slot

After nine months, further extensions requires Skype or face-to-face meetings between the Waiver Case Manager and the Director of Waiver Administration. Any extension beyond 12 months requires DDSN State Director personal approval. Waiver Case Manager's should not request an extension due to not being able to locate a service provider or indecision on the family's part regarding the process.

NOTE: Waiver Case Managers can refer to the Guidance for Waiver Enrollment for additional information.

DDSN

Waiver Enrollment Timeline Summary

| | | | | | |
|-------------------------|--|-------------------------|--------------------------|--|--|
| 6 Months From | ☐ Individuals who have not been through the DDSN eligibility | | | | |
| Enrollment: | process will be contacted by DDSN. | | | | |
| 3 Months From | Medicaid: | id: No Active Medicaid: | | | |
| Enrollment (DDSN | If no Waiver Case | | Waiver Case Manager | | |
| contacts the individual | Manager, DDSN offers | | provider notified (DDSN | | |
| to prepare for | choice of provider | | contacts family if no | | |
| enrollment). Type of | Waiver Case Manager | | Waiver Case Manager) | | |
| contact depends upon | discusses with family: | | Waiver Case Manager | | |
| Medicaid status: | enrollment | | Conducts following: | | |
| | process/timeline, Medicaid | | Assist w/ paper Medicaid | | |
| | process, arranging | | application | | |
| | services/choosing providers | | Form 1282 | | |
| | | | I I | | |
| | | | SCDHHS out-station | | |
| | | | SCDHHS out-station | | |
| | | | processes application | | |
| | | | Waiver Case Manager | | |
| | | | follows-up as needed | | |
| Slot awarded: | New waiver slots are awarded to individuals at the top of the | | | | |
| | waiting list with have active Medicaid. If still an individual still | | | | |
| | does not have Medicaid, the individual is placed on a separate | | | | |
| | processing list. | | | | |
| | Waiver Case Manager is sent a copy of the slot award form, | | | | |
| | which indicates whether or not an SCDHHS Form 118A from | | | | |
| | Medicaid is required. | | | | |
| | Waiver Case Manager makes contact with the individual within | | | | |
| | 10 business days. | | | | |
| | | | | | |
| 21 days after slot | 21 days after slot award, DDSN sends the SCDHHS Form 118A | | | | |
| award: | for financial clearance (if applicable). | | | | |
| SCDHHS returns | Possible outcomes from return of SCDHHS Form 118A: | | | | |
| SCDHHS Form 118A: | No certification of Medicaid: Slot will be revoked w/ 1 year to | | | | |
| | obtain Medicaid (slot returned if Medicaid established). | | | | |
| | SCDHHS makes a "non-cooperation determination": Follow | | | | |
| | non-signature/non-cooperation policy after discussing with the | | | | |
| | individual, if possible. | | | | |
| | SCDHHS Form 118A certification of Medicaid approval: DDSN | | | | |
| | records the SCDHHS Form 1 | 18A ret | urn date in the Tracking | | |

| | Database and upload a copy to the individual's Oversight |
|----------------------|--|
| | Document Storage in Therap (File Name: |
| | 118AFormReturnedMMDDYYYY). (LOC can be submitted |
| | after confirming the SCDHHS Form 118A.) |
| | ☐ No SCDHHS Form 118A form required: DDSN uploads a |
| | standard form notifying the Waiver Case Manager in the |
| | individual's Oversight Document Storage in Therap with a |
| | standard naming convention. (LOC can be submitted to DDSN.) |
| | ☐ Optional: Obtain Freedom of Choice form prior to the 21 day |
| | mark and send it to Waiver Enrollment Staff. |
| Initial home visit: | ☐ Upon receipt of waiver slot award from DDSN, the Waiver Case |
| | Manager conducts an initial home visit within 60 days. |
| | (Reference Meeting Guide Checklist for more detailed |
| | information.) |
| FOC signed and the | ☐ Waiver Case Manager monitors Document Storage File in Therap |
| individual wishes to | to verify the completion of the Medicaid SCDHHS Form 118A. |
| pursue waiver | When verified, the Waiver Case Manager completes the initial |
| enrollment: | ICF/IID Level of Care (LOC) within 30 days. Exceptions: |
| | a. If the individual is already enrolled in the Community |
| | Supports (CS) Waiver and is moving to the ID/RD |
| | Waiver (or vice-versa), a new initial LOC is not needed. |
| | The Waiver Case Manager can recertify the LOC under |
| | the new waiver for enrollment. |
| | b. Not yet be eligible for DDSN Services: Waiver Case |
| | Manager to wait until completion of the DDSN eligibility |
| | process |
| Enrollment | ☐ Upon completion of the LOC, FOC, and SCDHHS Form 118A |
| completion criteria: | process, the individual is enrolled in the waiver. |

Once ready for enrollment, if the enrollee is currently enrolled in another Home and Community Based Waiver or is receiving Children's PCA, Incontinence Supplies or Nursing through the State Plan, the Waiver Case Manager/Early Interventionist must provide the Waiver Enrollment Coordinator with the negotiated date of disenrollment from the other Home and Community Based Waiver or the date of cessation of authorization of Children's PCA/Nursing, and/or Incontinence Supplies. The ID/RD Waiver enrollment date will be the day after the termination from the State Plan Program or other HCB Waiver to avoid a break in Medicaid eligibility and services. This date should not, however, be negotiated with CLTC until it has been verified that the individual is ready to transition to the ID/RD Waiver (See Attachment 3 for instructions).

<u>Application Withdrawal:</u> If, during the enrollment process, the individual/representative decides that they no longer wish to pursue ID/RD Waiver services, they must complete the Statement of Consumer Declining Waiver Services (ID/RD Form 20). This must be signed by the individual/representative along with the Waiver Case Manager/Early Interventionist. A copy must be forwarded to the District I Waiver Coordinator. A copy of the form must be provided to the individual and the original placed in the individual's file.

Note: If the individual/representative makes this decision after the enrollment process is finalized, the Notice of Disenrollment (ID/RD Form 17) must be completed. See Chapter 7 for instructions regarding disenrollments.

If, at a later time, the individual wishes to re-apply for the ID/RD Waiver, a new Request for ID/RD Waiver Slot Allocation (ID/RD Form 30) must be submitted according to the procedures outlined in Chapter 3 (Requesting a Slot).

<u>Non-signature Declinations:</u> When a pending waiver enrollment case requires closure and the Waiver Case Manager/ Early Interventionist (WCM/EI) is unable to obtain the signature of the individual/representative (e.g. family moved out-of-state, unable to locate individual/representative or individual/representative has been non-responsive to requests for required documentation or reluctant to make final decisions related to Waiver enrollment), the Waiver Enrollment Coordinator can close the case without a signature. **The WCM/EI must meet the following conditions BEFORE non-signature declinations can be completed:**

- 1. The case file must contain specific dates when the WCM/EI tried to contact the individual/representative. Notes will indicate what phone number was called and if a message was left or if a conversation took place. The WCM/EI will ensure that calls are made on multiple days, at varying times to all available contact numbers and during times the file indicates someone would typically be at home.
- 2. After several telephone calls to no avail, the WCM/EI should send a certified, return receipt letter clearly explaining what issues need to be resolved, a copy of the appropriate appeals process, and a statement that the case will be closed in the next ten (10) calendar days if no appropriate response is received. If there is no response in the ten (10) calendar days proceed to Step #4.
- 3. If during the ten (10) calendar days the individual contacts the WCM/EI and requests assistance or additional time to make a decision, they should be given 30 calendar days from the request. If a decision is still not reached or documentation has not been received at the end of 30 calendar days then another certified letter should be sent clearly explaining what issues need to be resolved, a copy of the appropriate appeals process and a statement that the slot will be revoked in the next ten (10) calendar days if no appropriate response is received.
- 4. If the above steps have been taken, the **Statement of Consumer Declining Waiver Services** can be processed without an individual/representative's signature. A copy must be forwarded to the appropriate Waiver Coordinator, who will remove the individual's name from the waiting list. A <u>copy</u> of the form should be sent to the individual and the <u>original placed in the individual's file</u>. If, at a later time, the individual wishes to re-apply for the Waiver, a new **Request for Waiver Slot Allocation** must be submitted according to the procedures outlined in the waiver manual.

Example of the contact flow:

- Multiple contacts documented informing the family of the required decision/documentation
- Certified letter
- 10 days later (if no contact is made or there is no request for additional time) Form 20 is completed and slot revoked

If the individual/family requests additional time:

- Allow an additional 30 days for resolution
- Contact family for resolution- Certified letter (if no resolution)
- 10 days later Form 20 is completed and slot revoked
- **These standards are a minimum, if at any time the WCM/EI feels additional time is needed by the family it can be granted.

Attachment 1

Waiver Enrollments Coordinator:

Whitten Center P.O. Office Box 239 Clinton, SC 29325 (864) 938-3292 Fax (864) 938-3302

State ID/RD Waiver Program Coordinator:

3440 Harden Street Ext. P.O. Box 4706 Columbia, SC 29240 (803) 898-9729

Fax: (803) 898-9660

District I ID/RD Waiver Coordinator:

Whitten Center P.O. Office Box 239 Clinton, SC 29325 (864) 938-3520

Fax: (864) 938-3435

District II ID/RD Waiver Coordinator:

Coastal Center 9995 Miles Jamison Road Summerville, SC 29485 (843) 832-5585 (843) 832-5599 (fax)

SCDHHS Regional Medicaid Eligibility Workers:

Midlands Region:

Midlands Center 8301 Farrow Road Columbia, SC 29203 (803) 935-5922

Fax: (803) 255-8245

Richland Aiken Fairfield Lancaster

Lexington Newberry Calhoun Kershaw York Chester

Piedmont Region:

Whitten Center P.O. Box 239 28373 Hwy 76 East Clinton, SC 29360 (864) 938-3129/938-3175 Fax: (864) 938-3119

Anderson Pickens Oconee Edgefield Greenwood

Cherokee Saluda Spartanburg McCormick Greenville Laurens Union Abbeville

Coastal Region:

Coastal Center 9995 Miles Jamison Road Summerville, SC 29485 (843) 821-5887

Fax: (843) 821-5889

Allendale Colleton Beaufort Jasper Bamberg Dorchester Berkeley Orangeburg

Barnwell Hampton Charleston

Pee Dee Region:

Pee Dee Center 714 National Cemetery Road Florence, SC 29501 (843) 664-2707 Fax: (843) 664-2730/664-7116

Chesterfield Dillon Horry Marlboro
Clarendon Florence Lee Sumter

Parlington Georgetown Marion Williamsh

Darlington Georgetown Marion Williamsburg

TRANSITIONING FROM ANOTHER MEDICAID PROGRAM TO THE ID/RD WAIVER

When transitioning an individual from the following programs to the ID/RD Waiver, it is important that the individual maintain Medicaid eligibility.

- Children's Personal Care Assistance (CPCA)
- State Plan Private Duty Nursing
- Incontinence Supplies
- Community Choices Waiver
- Mechanical Vent Waiver
- HIV/AIDS Waiver
- Medically Complex Children's Waiver
- Community Supports Waiver

To prevent an interruption of Medicaid services, coordination with the CLTC Waiver Case Manager/Nurse, Support Staff, SCSCDHHS Program Staff, the provider(s) of service, and the Waiver Enrollment Coordinator is needed **prior** to any change. In order to maintain uninterrupted Medicaid eligibility, the Medicaid Eligibility Worker must be informed of the ID/RD Waiver enrollment date and the participant's ICF/IID Level of Care date to properly update the participant's information.

Once it is verified that the individual is ready to transition to the ID/RD Waiver; the following steps must be taken for a smooth transition to occur:

Children's Personal Care/Incontinence Supplies to the ID/RD Waiver

- Contact CLTC Support Staff (see CLTC Area Office Transition Contacts) to determine the CPCA Care Coordinator.
- Contact the CPCA Care Coordinator to establish the transition date and gather information about services received. For CPCA and/or Incontinence Supply services that need to be authorized on the ID/RD Waiver enrollment date, contact the providers of these services and inform them of the upcoming waiver transition.
- A Children's PCA Assessment must be completed. If more than 10 hours per week is requested, the assessment must be sent to DDSN Central Office for review. A Children's Personal Care Aide (PCA) Physician Information Form and/or Incontinence Supply Assessment and Physician's Certification of Incontinence must be completed prior to authorizing services through the ID/RD Waiver. This information must be obtained prior to the transition in order for services to be authorized on the ID/RD Waiver enrollment date. For additional information see Chapter 10.
- Complete the Memorandum of Confirmation of Transition (ID/RD Form 18)
- Send the Memorandum of Confirmation of Transition to:
 - CPCA Care Coordinator:
 - o CLTC Support Staff (see CLTC Area Office Transition Contacts) by email;
 - Waiver Enrollment Coordinator;
 - o SCSCDHHS Medicaid Eligibility Worker; and
 - o Retain a copy in the participant's file
- CPCA Care Coordinator terminates CPCA application/authorizations (& IS application/authorizations if applicable) the day before the agreed upon transition date.
- The Waiver Enrollment Coordinator will send the Waiver Case Manager/Early Interventionist a Certification of Enrollment/Disenrollment Form (HCB Form 13) as notification of enrollment.
- The Waiver Tracking System will show an "E" under ENINS.

• For services that must be authorized on the ID/RD Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval to authorize from the DDSN Waiver Administration.

Medically Complex Children's (MCC) Waiver to the ID/RD Waiver

- Contact the SCSCDHHS MCC Waiver Coordinator, Allison Shumpert at <u>allison.shumpert@scdhhs.gov</u> to negotiate a transition date and discuss services.
- Services that need to be authorized on the ID/RD Waiver enrollment date must be arranged prior to the waiver transition. This includes notifying the service provider/s of the upcoming waiver transition. For example, if an individual receives ongoing Nursing services a Medical Necessity Criteria for Private Duty Nursing Care Coordination Form, a Checklist for Medical Necessity Criteria for State Plan Private Duty Nursing Service (PDN Form 02) and a Physician's order for Nursing Services (ID/RD Form 2) must be completed prior to the waiver transition (See Chapter 10 for additional information).
- Complete the Memorandum of Confirmation of Transition (ID/RD Form 18).
- Send the Memorandum of Confirmation of Transition to:
 - o SCSCDHHS MCCW Program Coordinator I;
 - Waiver Enrollment Coordinator;
 - o SCSCDHHS Medicaid Eligibility Worker; and
 - o Retain a copy in the participant's file
- Once the SCDHHS MCCW Program Coordinator I receives the Memo of Transition, the SCDHHS MCCW Program Coordinator I will advise the MCC Care Coordinator (CC) that the participant will be transitioning to another program. The MCC Care Coordinator will process the transition.
- The Waiver Enrollment Coordinator will send the Waiver Case Manager/Early Interventionist via the Certification of Enrollment/Disenrollment Form (HCB Form 13) as notification of enrollment.
- The Waiver Tracking System will show an "E" under ENINS.
- For services that must be authorized on the ID/RD Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval to authorize from the DDSN Waiver Administration.

Community Choices, HIV/AIDS or Ventilator Waiver to the ID/RD Waiver

- Contact CLTC Waiver Case Manager to establish the transition date and discuss services.
- Services that need to be authorized on the ID/RD Waiver enrollment date must be arranged prior to
 the waiver transition. This includes notifying the service provider/s of the upcoming waiver
 transition. For example, if an adult individual receives ongoing Personal Care services, the DDSN
 Personal Care/Attendant Care Assessment for Adults must be completed prior to the waiver
 transition (See Chapter 10 for additional information).
- Complete the Memorandum of Confirmation of Transition (ID/RD Form 18).
 - o Send the Memorandum of Confirmation of Transition to:
 - CLTC Area Office Lead Team Waiver Case Manager (see CLTC Area Office Transition Contacts) by email;
 - o CLTC Support Staff (see CLTC Area Office Transition Contacts) by email;
 - o CLTC Waiver Case Manager;
 - Waiver Enrollment Coordinator;
 - o SCSCDHHS Medicaid Eligibility Worker; and
 - o Retain a copy in the participant's file
- CLTC Waiver Case Manager terminates CLTC application and authorizations the day before the agreed upon transition date

- CLTC Support Staff keys the termination date in MMIS within 4 days.
- The Waiver Enrollment Coordinator will notify the Waiver Case Manager/Early Interventionist via the Certification of Enrollment/Disenrollment Form (HCB Form 13) of the enrollment date.
- The Waiver Tracking System will show an "E" under ENINS
- For services that must be authorized on the ID/RD Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval to authorize from the DDSN Waiver Administration.

Children's Private Duty Nursing Services to the ID/RD Waiver

- Contact the SCSCDHHS Waiver Administrator, Allison Shumpert, allison.shumpert@scdhhs.gov to negotiate a transition date and discuss services. For Nursing services, that need to be authorized on the ID/RD Waiver enrollment date, contact the provider/s of this service and inform them of the upcoming waiver transition.
- Complete a Medical Necessity Criteria for Private Duty Nursing Care Coordination Form to determine that criteria has been met for Nursing services, if the criteria is met a Checklist for Medical Necessity Criteria for State Plan Private Duty Nursing Service (PDN Form 02) should be completed. A physician's order for Nursing Services (ID/RD Form 28) must be completed by a licensed physician, specifying the skill level required (RN or LPN). The Nursing services must also be prior approved by the DDSN Director of Health Services at Whitten Center, who will also determine the number of units needed.
- Complete the Memorandum of Confirmation of Transition (ID/RD Form 18).
- Send the Memorandum of Confirmation of Transition to:
 - SCSCDHHS Waiver Administrator:
 - Waiver Enrollment Coordinator;
 - o SCSCDHHS Medicaid Eligibility Worker; and
 - o Retain a copy in the participant's file
- The Waiver Enrollment Coordinator will notify the Waiver Case Manager/Early Interventionist via the Certification of Enrollment/Disenrollment Form (HCB Form 13) of the enrollment date.
- The Waiver Tracking System will show an "E" under ENINS
- For services that must be authorized on the ID/RD Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval to authorize from the DDSN Waiver Administration.

Community Supports Waiver to the ID/RD Waiver

- Review all services to prepare for the waiver transition. For services that need to be authorized on the ID/RD Waiver enrollment date, contact the provider/s of these service/s and inform them of the upcoming waiver transition.
- For services that must be authorized on the ID/RD Waiver enrollment date, complete all necessary documentation (see Chapter 10) and update the Support Plan to seek approval from the DDSN Waiver Administration Division.
- Send the CSW Notice of Disenrollment Form (CSW Form 17) to:
 - Waiver Enrollment Coordinator
 - o Individual/Representative
 - o SCSCDHHS Medicaid Eligibility Worker; and
 - o Retain a copy in the participant's file

- Send the Memorandum of Confirmation of Transition to:
 - o Waiver Enrollment Coordinator, Celesa Williams
 - o SCSCDHHS Medicaid Eligibility Worker; and
 - o Retain a copy in the participant's file
- Enrollment in the ID/RD waiver will occur the day following termination from the CS Waiver.
- The Waiver Enrollment Coordinator will notify the Waiver Case Manager/Early Interventionist via the Certification of Enrollment/Disenrollment Form (HCB Form 13) of the enrollment date.
- The Waiver Tracking System will show an "E" under ENINQ.
- For services that must be authorized on the ID/RD Waiver enrollment date, complete all necessary documentation (see Chapter 10) and request approval to authorize from the DDSN Waiver Administration.

CLTC Area Office Transition Contacts

| | Support Staff- keys RSP | Case Management LTCM/CMII |
|-------------------------|--|--|
| Greenville CLTC Area 1 | Tammy Andrews <andrewst@scdhhs.gov></andrewst@scdhhs.gov> | Carolyn Smith, LTCM <smithc@scdhhs.gov></smithc@scdhhs.gov> |
| Spartanburg CLTC Area 2 | Shelly Trotter <trotter@scdhhs.gov></trotter@scdhhs.gov> | SUSAN TROUT, LTCM <trout@scdhhs.gov></trout@scdhhs.gov> |
| Greenwood CLTC Area 3 | Robin Davenport <davenrt@scdhhs.gov></davenrt@scdhhs.gov> | Jana Jones, LTCM <jonesjt@scdhhs.gov></jonesjt@scdhhs.gov> |
| Rock Hill CLTC Area 4 | FRAN LATHAN <lathan@scdhhs.gov></lathan@scdhhs.gov> | Roxanne Nivens, LTCM <nivensr@scdhhs.gov></nivensr@scdhhs.gov> |
| Columbia CLTC Area 5 | Terri Jo Shupe <shupet@scdhhs.gov></shupet@scdhhs.gov> | Sandra Marcengill, LTCM <marceng@scdhhs.gov> David Hannon, CMll <david.hannon@scdhhs.gov></david.hannon@scdhhs.gov></marceng@scdhhs.gov> |
| Orangeburg CLTC Area 6 | Debbie Faison <faison@scdhhs.gov></faison@scdhhs.gov> | JEANNETTE GOODWIN, LTCM <goodwinj@scdhhs.gov></goodwinj@scdhhs.gov> |
| Sumter CLTC Area 7 | LIZ KILGORE < <u>Kilgore@scdhhs.gov</u> > Dorothy Conyers < <u>CONYERS@scdhhs.gov</u> > Dorothy Cunningham <cunndor@scdhhs.gov></cunndor@scdhhs.gov> | MAEBELL STUCKEY, LTCM Stuckey@scdhhs.gov Ada Antoine, CMll <ada.antoine@scdhhs.gov></ada.antoine@scdhhs.gov> |
| Florence CLTC Area 8 | Bobbie Lee <leebob@scdhhs.gov> Cathy Stroman <stroman@scdhhs.gov></stroman@scdhhs.gov></leebob@scdhhs.gov> | Ruby LaSane, LTCM <lasane@scdhhs.gov> Natrice Ford, CMll <natrice.ford@scdhhs.gov> CHRISTY CARAWAN, CMll <carawanc@scdhhs.gov></carawanc@scdhhs.gov></natrice.ford@scdhhs.gov></lasane@scdhhs.gov> |
| Conway CLTC Area 9 | Diane Alford <alforddi@scdhhs.gov> Myra D. Graham GrahamM@scdhhs.gov</alforddi@scdhhs.gov> | Cynthia Outing, LTCM OUTING@scdhhs.gov Tametrice Merriman, CMll <tametrice.merriman@scdhhs.gov></tametrice.merriman@scdhhs.gov> |

| | Tracie Tyler <tylert@scdhhs.gov></tylert@scdhhs.gov> | |
|-------------------------|---|--|
| Charleston CLTC Area 10 | ANNA MIDDLETON <midda@scdhhs.gov> Georgette Smith <smithgl@scdhhs.gov></smithgl@scdhhs.gov></midda@scdhhs.gov> | FLORENCE GAILLIARD, LTCM <gailliar@scdhhs.gov> DEBORAH MCMURRAY, CMIl <mcmurray@scdhhs.gov></mcmurray@scdhhs.gov></gailliar@scdhhs.gov> |
| Anderson CLTC Area 11 | DARLA GARRAUX <garraux@scdhhs.gov></garraux@scdhhs.gov> | Kimberly Johnson, LTCM Kimberly.Johnson@scdhhs.gov Staci Ward, CMIl <staci.ward@scdhhs.gov></staci.ward@scdhhs.gov> |
| Ridgeland CLTC Area 13 | Yvette Smith SMITHYV@scdhhs.gov ANNA MIDDLETON <midda@scdhhs.gov></midda@scdhhs.gov> | JEANIE ROBERTSON, CMIl <robertso@scdhhs.gov></robertso@scdhhs.gov> |
| Aiken CLTC Area 14 | Cynthia P Scott <scottcp@scdhhs.gov></scottcp@scdhhs.gov> | JEANNETTE GOODWIN, LTCM <goodwinj@scdhhs.gov> Yvonne Chess, CMll <chess@scdhhs.gov></chess@scdhhs.gov></goodwinj@scdhhs.gov> |